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10/713108  
  
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**23911**

Alexandria, VA 22313-1450

Basic Fee						\$385/770	= \$770.00
Total Claims	<u>19</u>	-	20	=	<u>0</u>	x \$9/18	= \$
Independent Claims	<u>4</u>	-	3	=	<u>1</u>	x \$43/86	= \$ 86.00
Multiple Dependent Claim Presented						\$140/280	= \$
Total Filing Fee							\$856.00

C&M Check No. 256898 in the amount of \$856.00 is enclosed to cover the application filing fee and additional claim fee. C&M Check No. 256897 in the amount of \$40.00 is enclosed to cover the assignment recordation fee. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-1323 (Docket No. 028987.52638US). A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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Donald D. Evenson  
Reg. No. 26,160

Date: November 17, 2003  
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